

Certified	Name Social Security #			Social Security #
Public	Job Title			
Manager	Agency			
PROGRAM	Division			
Work Address				
Work City			State	Zip
Work Phone	Fax		Email Address	
Provide a summary of supervise programs managed (attach add	-		licable. Include # of emp	oloyees supervised and/or
List related educational and/or	training experier	nce (attach addition	nal pages if necessary):	
3	for yourself and rk career that p personal leaders	your agency as a rovided you the op ship, and bring abo	CPM candidate, and	enge with innovation, demonstrate
Entry Level: Part of the CPM re Management Development. To have complete within the last 3	determine your			
Supervision I Super	vision II	Supervision III	Supervision IV	None of the courses
I am applying for candidacy in and will require a substantial				and that this is a rigorous progran
Applicant's Signature				Date
				to participate in the program with ts during a 24 - 36 month period.
Supervisor's Signature				Date
Agency/Authorized Official				Date
Billing Information: Bill thro	ough Inter-Agen	cy billing process	Other	

All signatures and required information is necessary for your application to be accepted. Submit your application to your agency CPM Coordinator; they will prioritize applications and send them to Connie Pratt at the Division of Human Resources.